

FOR OFFICE USE ONLY

Camp Session: _____

Date Application Received: _____

Date: _____ Cheque Name: _____ Cheque #: _____
Date: _____ Cheque Name: _____ Cheque #: _____

Amt Rec'd: _____
Amt Rec'd: _____

ACCEPTANCE INFO

Accepted
Receipt issued
Acc. Pkg. Sent

CAMPER FORMS

Health # Med Form
Waiver Dr Note
Emerg Contacts OTC

PSW FORMS

Needed Info Form
Date Mailed _____ Sec Clr
Date Rec'd _____ Waiver Signed



SPRING SLEEPOVER CAMP APPLICATION 2010

Please Place Recent Photo Here

FRIDAY, MARCH 26TH - SUNDAY, MARCH 28TH, 2010

PERSONAL INFORMATION

Name of Camper: _____ (LAST NAME) (FIRST NAME)

Address: _____ Street City Prov. Postal Code

Alberta Health Care Number: _____ Date of Birth: _____ (MONTH/DAY/YEAR) Sex: M F

PRIMARY CONTACT/PARENT/GUARDIAN #1 INFORMATION

This person will receive all correspondence regarding camp

Name: _____ (LAST NAME) (FIRST NAME) Relationship to Camper: _____

Address: _____ Street City Prov. Postal Code

Home Ph: _____ Work Ph: _____ Cell Ph: _____

Email Address: _____

Please check here if you do not want Easter Seals Alberta to contact you for any reason other than those reasons relating to this application.

SECONDARY CONTACT/PARENT/GUARDIAN #2 INFORMATION

This person will be contacted in the event that the primary contact cannot be reached

Name: _____ (LAST NAME) (FIRST NAME) Relationship to Camper: _____

Address: _____ Street City Prov. Postal Code

Home Ph: _____ Work Ph: _____ Cell Ph: _____

Email Address: _____

Please check here if you do not want Easter Seals Alberta to contact you for any reason other than those reasons relating to this application.

ALTERNATE EMERGENCY CONTACT

Name: _____ Relationship to Camper: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Please note that at ALL TIMES DURING THE CAMP SESSION, one of the above parents, guardians, or emergency contacts must be available in case the camper is required to leave camp for medical, behavioural, or other reasons as outlined in our camp policies.

AUTHORIZED PICK UP

Please note the camper will **ONLY** be released to the individuals listed above, or additional people listed below. **Authorized individuals may be required to show picture identification prior to a camper's release.** Easter Seals Camp Horizon must be notified in writing **IMMEDIATELY** of any changes to the list. Name of additional person(s) authorized to pick up camper: _____

Legal Custody: **Both Parents** **Mother** **Father** **Guardian** **Public Trustee** **Other**

Additional Comments (please include any concerns regarding custody or access to camper): _____

CAMPER FEES

Person/Agency Responsible for Camper Fee: _____ Amount: \$150.00

Contact Person: _____ Address: _____

Phone #: _____ Fax #: _____ Invoice Required: Yes No

DIET & EATING HABITS

Dietary Requirements:

Please list all food allergies, vegetarian/vegan, celiac, lactose intolerance, or other food related concerns.

Eating Habits:

Please include amount of time camper requires to eat, special diets including pureed, soft, or bite-sized pieces, modified eating utensils used, or other concerns.

Does the camper have difficulty chewing, swallowing, or drinking? Please explain:

Does the camper have a G-tube? Y N

Does the camper have a J-tube? Y N

BLADDER & BOWEL

Is the camper independent in toileting: Y N

Does the camper need reminders to use the wash-room? Y N

How does the camper indicate toileting needs?

Does the camper have bladder &/or bowel control:

During the day? Y N

During the night? Y N

What is the frequency of the camper's bowel movements? _____

Please inform us of anything your camper uses to assist with his/her bowel and bladder routine:

Please include information regarding the use of diapers, attends, bladder irrigations, catheters, suppositories, enemas, colostomies, condom drainages, or any other assistance

PERSONAL SUPPORT WORKER (PSW)

A personal support worker is needed if a camper has very high daily care needs, high behavioural needs or requires 1:1 assistance for a majority of the day.

Is a Personal Support Worker accompanying the camper? Y N

If yes, what is the name of the PSW? _____

Easter Seals Camp Horizon must be notified of any PSW. We reserve the right to participate in the screening and/or refusal of a PSW application. Please notify Easter Seals Camp Horizon ASAP if a PSW will be accompanying the camper in order to complete the required paperwork, which include security checks that can take up to two months to process. The minimum age for a PSW is 16 years. ***Please return all completed PSW forms at least two weeks prior to arrival at camp.***

FINAL COMMENTS

Our ultimate goal here at camp is to ensure that every camper has a positive experience. Please use this space to add any additional comments or information that will assist us in meeting this goal.

***PERMISSION TO ATTEND AND PARTICIPATE
TO BE SIGNED BY GUARDIAN***

I _____ agree and consent to have _____ participate in Easter Seals Camp Horizon Spring & Summer Camps. In giving this consent, I acknowledge that Easter Seals Camp Horizon provides risk-taking and potentially hazardous activities that involve physical activity and the possibility of injury resulting from such activity.

Parent/Guardian Signature (or Participant)

Witness Signature

Printed Name of Parent/Guardian

Printed Name of Witness



MEDICAL CONSENT/ OVER-THE-COUNTER MEDICATION CONSENT FORM

MEDICAL CONSENT

I/We _____ (Parent, Guardian, or Applicant if the age of majority and own guardian) hereby give my/our consent and authorization for _____ (Applicant) to be given such emergency medical and/or hospital care as may be deemed necessary by Easter Seals Camp Horizon's medical authority, in the best interest of the Applicant while he/she may be attending camp. Every effort will be made to contact the primary contact person, and failing this, the alternate contact person referred to in the attached application form prior to obtaining emergency medical and/or hospital care for the Applicant and, if this is not possible, at the discretion of the Camp Director or his/her designate, to advise the primary contact or alternate contact person as soon as possible thereafter.

Furthermore, I/We authorize Easter Seals Camp Horizon to give medications as outlined in the medical forms and assistance with the campers personal equipment or appliances as necessary in the course of his/ her medical treatment and continued well-being while at camp.

Signature _____ **OR** Signature _____
Parent/Guardian Applicant (18 yrs or over, and is own Guardian)

Witness Signature _____ Date _____

OVER-THE-COUNTER MEDICATION CONSENT FORM

Please circle the OTC medications that your camper is able to have while at camp. Your signature below authorizes the Camp Nurse or designate to deliver such medications when needed throughout the camp session.

CAMPER NAME: _____

Acetaminophen (Children's)	80mgx4	For headaches and pain relief
Acetaminophen	325mg	For headaches and pain relief
Acetaminophen	500mg	For headaches and pain relief
Benadryl	25mg	For allergy relief
Aspirin/ Anacin	325mg	For headaches, fever, toothaches, menstrual pain, aches
Ibuprofen	200mg	For muscle aches and pains
Antidiarrheal	2mg	For persistent diarrhea (Loperamide Hydrochloride)
Cold Medications	as listed	For relief of cold/ flu symptoms (Vicks NyQuil 30ml, Robitussin, Expectorant 5ml, Chloraseptic Throat, Spray or Strepsil Lozenges)
Gravol	25-50mg	For nausea, vomiting
Divol or Malox	2-4 tsp as needed	For heartburn, indigestion, gas
Senokot	2-4 tabs at bed-time	Natural source laxative plus softener
Other	_____	_____

Comments: _____

 Parent/Guardian/Applicant if over the age of 18 and own guardian Signature Date

 Camp Nurse Date



OPTIONAL PHOTO, FILM AND VIDEO CONSENT

****Please strike through if no photos of your camper are to be taken.****

Easter Seals Camp Horizon, owned by the Alberta Easter Seals Society, is a non profit organization and it relies heavily upon the donations of the public and business sector for its operation. If it were not for donations, the camp could not operate.

Film and video presentations are often made to build awareness and to raise funds, and photo displays are used at various fairs and events to promote awareness of Easter Seals Camp Horizon and recruit staff, volunteers and encourage campers. The funds raised through these means, along with the present camp fees, make our camp programs possible.

I _____ (Parent/Guardian, OR Participant, if 18 yrs or over and own guardian) hereby give my consent and authorization to aid the Alberta Easter Seals Society by having pictures or video footage of _____ (Participant) taken during the Summer of 2010 to be used for a period of up to 10 years for advertising purposes for Easter Seals Camp Horizon and/or Alberta Easter Seals Society only, knowing that no identifying names or addresses will be given.

_____ **OR** _____
Parent/Guardian Signature Participant Signature (18 yrs or over, and is own Guardian)

CHILD (under 18 yrs of age) or DEPENDANT ADULT

**CERTIFICATION OF CONSENT AND AUTHORITY,
RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY
AGREEMENT**

_____ **(Parent or Guardian)** and _____ **(Participant)** hereby acknowledge that we are aware that Easter Seals Camp Horizon provides risk-taking and potentially hazardous outdoor pursuit programs, including, but not limited to rafting, canoe trips, swimming, high and low rope adventure courses, teepee living, hikes, mountain and overnight camps, activities that involve physical activity and the possibility of injury resulting from such activity. In addition, **I acknowledge that the Easter Seals Camp Horizon facility contains physical hazards that may result in injury or death to persons or damage to property on or at the facility.**

I acknowledge that it is the policy of Easter Seals Camp Horizon to take all reasonable precautions with respect to such activities and to provide a safe environment.

As parent or guardian of the Participant, **I freely consent to all such risks** and fully **assume all responsibility** for the possibility and related costs of personal injury, death, disability, property damage or loss resulting thereof, **howsoever caused, including negligence**, with the sole exception being gross negligence on the part of Easter Seals Camp Horizon, and the Alberta Easter Seals Society, their members, agents, employees and directors (herein collectively called "Easter Seals Camp Horizon").

I further waive and release **any and all claims** that the Participant or I have or may have in the future, on my own behalf and on behalf of the Participant, against Easter Seals Camp Horizon as a result of the participation of the Participant at Easter Seals Camp Horizon.

This consent shall be effective and binding on the Participant, heirs, next of kin, executors and administrators of myself and the Participant.

I HAVE READ AND UNDERSTOOD THIS CONSENT AND I AM AWARE THAT BY SIGNING IT I AM WAIVING CERTAIN LEGAL RIGHTS WHICH I, THE PARTICIPANT AND OUR HEIRS, NEXT OF KIN, EXECUTORS OR ADMINISTRATORS MAY HAVE.

Executed this _____ day of _____, 20____, at _____, Alberta.

Parent or Guardian Signature

Witness Signature

Printed Name of Parent or Guardian

Printed Name of Witness

MEDICAL HISTORY

Is the camper prone to any of the following?

- Fainting
- Heart Problems
- Asthma or Respiration Problems
- High Blood Pressure
- Attention Seeking Behaviour (eg. Faking sick)
- Other: _____

In the past year, has the camper had, or been exposed to, a serious illness? Yes No

If yes, please specify: _____

Does the camper have frequent problems? (eg. Colds, infections, headaches, diarrhea, upset stomach, etc.)

Yes No If yes, what? _____

Treatment? _____

Are there any activities the camper should avoid? _____

Any other information or concerns? _____

IF THIS FORM HAS BEEN FILLED OUT BY A DOCTOR:
At Easter Seal Camp Horizon campers participate in a number of physical activities such as short hikes, rafting on flat or moving water, challenge courses (high/low ropes, climbing walls, etc.), games and stay in a dorm style building with multiple campers of the same gender. Please consider all information about camp activities when signing off.

Date: _____ Dr. Name (printed): _____
Contact Phone #: _____
This person is fit and able to participate in Easter Seals Camp Horizon programs. YES NO
Any further details: _____

Dr. Signature: _____

IF THIS FORM HAS BEEN FILLED OUT BY CAREGIVER OR PARENT:
Please sign off that all information on this form is accurate and reliable.
Please include a doctor's note of good health in addition to this form indicating the camper's disability and that the camper is fit and able to participate in Easter Seals Camp Horizon's Programs.

Signature Name Printed Relationship to camper Date



**EASTER SEALS
CAMP HORIZON**

Box 540, Bragg Creek, AB
TOL 0K0

Phone: (403)949-3818

Fax: (403)949-3388

MANDATORY INITIAL MEDICAL REPORT

**THIS FORM MUST ACCOMPANY APPLICATION AND MAY BE COMPLETED BY CAREGIVERS,
PARENTS, GUARDIANS, OR DOCTOR.**

**Note: If this form is NOT completed by a Doctor the application must be accompanied by a Doctor's note signed and dated within last six months stating the campers disability/ diagnosis and their ability to participate in camp programs. Only applications with a physician's note or this page signed by a Doctor will be considered.
Please check box if you attended a sleepover camp in 2010, if so a new doctors note is not required.**

CAMPER'S NAME: _____

Name of Physician: _____

Contact Number: _____

Date of Last Visit: _____

Medical Conditions (eg. Diabetes, Epilepsy, Heart Conditions, etc.): _____

WE HIGHLY RECOMMEND GETTING MEDICATION PUT INTO BUBBLE PACKS OR DOSETTES. OTHERWISE, MEDICATION MUST BE IN ORIGINAL PACKAGE, WITH A NOTE FROM YOUR DOCTOR OR PHARMACIST STATING ADMINISTRATION TIMES. IF YOU ARRIVE AT CAMP WITH MEDICATIONS IN ANY OTHER FORM, YOU WILL BE SENT TO THE NEAREST PHARMACY TO REPACKAGE MEDICATION.

MEDICATION (PLEASE STRIKE THROUGH IF CAMPER IS ON NO MEDICATION)

Include **ALL** prescription **AND** non-prescription medications/ supplements (including PRN, OTC, homeopathic medication, vitamins, ointments etc. include extra sheet if required)

Generic Name	Dosage (in Mg.)	Time Administered	Purpose	Special Instructions

MEDICAL INFORMATION

SEIZURE ACTIVITY Does your camper have seizures? Yes No

Type: _____ Normal duration: _____ Normal Frequency: _____

Does your camper have auras? Yes No Please describe: _____

At what point should EMS be called? _____

Behaviour after seizures? _____

ALLERGIES: Does the camper have any allergies? Yes No

Does the camper carry and epi-pen? Yes No

	Allergen	Reaction	Treatment
Medications			
Environmental			

*****FORM CONTINUES ON BACK*****